

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3021

FILED DEC 4 1950

State File No. _____

1320

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 South 17th Street</u>				d. STREET ADDRESS (If rural, give location) <u>2530 East Circle Drive</u>			
3. NAME OF DECEASED (Type or Print) <u>Hilma</u>		a. (First)		b. (Middle)		c. (Last) <u>Johnson</u>	
4. DATE OF DEATH <u>Nov. 16, 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 16, 1867</u>	
9. AGE (in years last birthday) <u>83</u>		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leo V. Anderson 2530 E. Circle</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of pelvis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Myocarditis</u> <u>Sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11/9/50</u> <u>69030</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>131</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Slipped on floor</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 7 50-30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped on floor</u>			
22. I hereby certify that I attended the deceased from <u>11/16</u> , 19 <u>50</u> , to <u>11/16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/16</u> , 19 <u>50</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Handegan</u>		23b. ADDRESS <u>670 Francis St.</u>		23c. DATE SIGNED <u>11/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Los Angeles, Calif.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Erdinraden</u>		ADDRESS <u>1802 Union St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Elmer Thomas

Signed
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.